UNITED STATES BANKRUPTCY COURT	ROOF OF CLAIM	LORIDA www.flsb.uscourts.g
Name of Debtor	Case Number	THE SPACE IS FOR ACTION AS A SECOND
Debit Corporation of America		THIS SPACE IS FOR COURT USE ONLY
NOTE: This form should not be used to make a claim for an adm	04-14360	1 11 11 11 11 11 11 11 11 11 11 11 11 1
commencement of the case. A "request" for navment of	fan administrative ovnense mer ke	pro
med pursuant to 11 U.S.C. § 503. (See Local Rule 300)	1-1(B))	
Name of Creditor (The person or other entity to whom the	☐ Check box if you are aware that	04 JUN 23 PH 1: 31
debtor owes money or property):	anyone else has filed a proof of claim	04 000 20 111 1101
Owen + Deborah Schwartz	relating to your claim. Attach copy of	
Name and Address where notices should be sent:	statement giving particulars.	OLEDK
Transcario Frances where houses should be sent:	☐ Check box if you have never received	U.S. BANKRUPTCY CT
Frank. O. Herry	any notices from the bankruptcy court in	SD OF FLA.
Frank. B. Perry 346 old County Road Ringgold, GA 30736	this case.	HIA - OFFICE
Ringcold, GA 30736	Check box if the address differs from	·
	the address on the envelope sent to you by the court.	
Telephone Number: Account or other number by which creditor identifies		
debtor:	Check here if replaces	
(If SS# only list last 4 digits of SS#):	this claim amends a pro	eviously filed claim, dated
1. Basis for Claim		
☐ Goods sold	Retiree benefits as defined in 11 U.S.C	C. § 1114(a)
☐ Services performed	☐ Wages, salaries, and compensation (fil Last four digits of SS #: _xxx-xx-	l out below)
Money loaned	Unpaid compensation for services perf	ormed
Personal injury/wrongful death	fromto	
☐ Taxes →	(date) (date)	
Hother Consumer traud		
2. Date debt was incurred:	3. If court judgment, date obtained:	
2-27-03		
4. Total Amount of Claim at Time Case Filed: \$ 29.680		= 0.00
(Unsecured Nong	oriority) (Secured) (Unsec	cured Priority) (Total)
Complete items 5, 6, and 7 (as applicable) to further describe the	e amount(s) you indicated in item 4.	, , , ,
Check this box if claim includes interest or other charges in additional charges.	ition to the principal amount of the claim. A	Attach itemized statement of all interest or
5. Secured Claim.	7 11	
☐ Check this box if your claim is secured by collateral	7. Unsecured Priority Claim.	
(including a right of setoff)	Check this box if you have an unsecure	d pnonty claim
Brief Description of Collateral:	Amount entitled to priority \$ Specify the priority of the claim:	
☐ Real Estate ☐ Motor Vehicle		
Other		4.035) # 44 ' 00.1 1.6 61'
l l	of the bankruntey petition of cessetion of the	4,925),* earned within 90 days before filing
Value of Colleteral: C	of the bankruptcy petition or cessation of t	4,925),* earned within 90 days before filing he debtor's business, whichever is earlier -
Value of Collateral: \$	of the bankruptcy petition or cessation of t 11 U.S.C. § 507(a)(3).	he debtor's business, whichever is earlier-
Amount of arrearage and other charges at the time the case was	of the bankruptcy petition or cessation of t 11 U.S.C. § 507(a)(3). Contributions to an employee benefit pl	he debtor's business, whichever is earlier- lan - 11 U.S.C. § 507(a)(4).
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PURCHASE ORDER DEBIT CORPORATION

OF AMERICA, INC.

3475 Sheridan Street, Suite 215F, Hollywood, FL 3300 Phone: (954) 981-4447 • Fax: (954) 981-4421 Toll Free: (800) 468-3213 • Fax: (800) 468-1836	County Sussex Co., Delaware and P.G. Co., Maryland and Kent C
Purchaser's Name Owen and Deborah	Schwartz Date 2/26/03
Purchaser's Address 17 Fox Creek	Drive
City Rehoboth Beach	State Zip
Home Phone 302 - 226-7575	Business Phone 302-645-6606 (Owe 302-227-8600 (Debb.
No. of Sales Systems to ship: <u>/</u>	Face Value of Prepaid MasterCard Activation Certificates to ship: 13,800
Purchase Price Sales Systems	\$ 29,680
Purchase Price of Additional Items Pasters, F. Brochures, 44	ree take ove \$ N/C d business forms \$ 29,680
Sales Tax (FL Residents Only)	
Amount Paid	\$ 29,680
Special Provisions In the event of Master Card Sales Systems and Sales Systems and Sales income and residual income pass to our children: Doune Sathering A Schwartz and	our materials, Certificate, our related thereto will J. Schwartz, Michael T. Schwart,
	cuments of Sallerten (10) business days prior to acceptance
By Reel Salar	By: School J. So March
COMPANY OFFICER	BUYER

AIN # BO2403

I have read and agree to the Terms and Conditions on the back of this Purchase Order.

FAMILY HEALTH

13022275287

P. 05

Dollars

No. 2388014 %

Treasurer's Check



Date FRANTARY 27, 2003
Wilmington Trust Company
Wilmington, Oslaware

Pay To The Order Of

DENII CORP. OF AMERICA. TI

WUNNETON 2 9

080:5974Z 4CO

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ID # 3364

Memo

Authorized Signature

Authorized Signature

Void After 90 Days From Date

|QO31100045# 0000 0014#

00084P5000

Account 19 Amount 29680.00

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5.5 ---



Sequence 303553350 Date 03-03-2003